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[As the various articles in explanation and defence of the new doctrine of the motive power of the blood, by Mrs. Willard and Dr. Cartwright, were originally published in this Journal—and as we have no doubt that they and our readers generally will be pleased to read some of the published opinions and arguments on the other side of the question, we copy the following article from the October number of the Buffalo Medical Journal, where it appears under the signature of Dr. S. B. Hunt, the junior editor.]

DR. CARTWRIGHT, MRS. WILLARD, WESTERN EDITORS, AND THE
"BATTLE OF THE EVIDENCES."

We have above a most comprehensive subject for an article. Mrs. Willard has propounded a new theory of the circulation, which she or her friends designate as the "Willardian" theory. Dr. Cartwright espouses the new doctrine; and by reference to his lexicon, he shares in the discovery, by inventing it a name, and the whole is christened by Dr. C. (after due research in the aforesaid lexicon) "the Willardian discovery of the hæmatokinetic, or new motive power of the blood." Whether the blood has recently acquired, as Dr. C.'s phraseology would indicate, any new motive power, we are unable to say—indeed it is for the purpose of condensing our own opinions upon this point, and of enlightening our benighted readers, that we pen this article. Some side issues have come up in this matter. Dr. Cartwright has drawn most of his physiological arguments from Holy Writ. Moses and the prophets it seems were in advance of their times. We were aware that the sanitary system of Moses for the government of the camp of Israel, was a very perfect one; and Dr. Cartwright now informs us that "he [Moses] was the greatest physiologist of any age." Now some of our western editorial brethren have been imprudent enough to declare, that with all due deference to Moses, they prefer Dr. Carpenter. Whereupon some other medical editors sound the alarm. The authenticity of scripture is attacked, and the "battle of the evidences" is to be fought in the medical journals.

Now here is a very pretty quarrel. One would guess there was a "lady in the case" somewhere. Dr. Cartwright comes up vigorously

in defence of the new theory. Gallantry, religion, and scientific zeal alike urge him on. From our boyhood we have felt an irresistible impulse to have a share in any "muss" that is going on, and though we do not suppose that all this matter is going to save a patient for any man, or do any other practical good, yet the thing has such an admirably scientific tone, that we like it. We appeal to an intelligent profession, if there is in all Dungleison a longer word than "hæmatokinetic." Great names are cited as on the point of conversion. Dr. Bennet Dowler is represented as struggling against conviction in the most affecting manner; and all the good names in New Orleans are introduced as in a somewhat similar condition of stubborn unbelief—averting their eyes from the truth, and refusing to follow the lead of a woman, because, alas, she is a woman!

We have not seen anything from Mrs. Willard's pen having any special bearing on the theory itself—her own articles in the journals being confined to sundry explanations as to her feelings of thankfulness at having been made the feeble instrument by which the medical world was to be shaken; and her dread of the persecution which she, in common with Luther, Galileo and Jenner, was to endure.

Dr. Cartwright is the mouth-piece, and to his arguments we will first direct our attention. In the first experiment cited by Dr. C., a "Nilotic saurian," a "*Niliaca fera*," alias an alligator, was made what Dr. C. calls "the messenger of the mandate for your [Mrs. Willard's] enrolment among the immortals." The experiment was briefly this: An alligator was killed by tying the trachea; the walls of the chest were then removed, artificial inflation commenced, "and soon a faint quivering of moving blood in the diaphanous veins of the lungs began to be seen, * * * and at length the blood began to run in a stream from the lungs into the quiescent heart. Then the heart began to quiver, and soon to pulsate." Finally, the animal vindicated his vitality by "vigorous exertions to get loose, biting and snapping at everything." Years ago we performed this same experiment on an opossum, with equal success. Dr. C. draws from it the inference, that "the *primum mobile* of the circulation, and chief motive powers of the blood, are in the lungs and not in the heart." Dr. C. does not resort to the theory of molecular motion to account for this. The evolution of caloric he considers a sufficient cause; the blood moving in the lungs like water in a tea-kettle. It has long been our conviction, that in every misconception or error, there is a germ of truth. It is not contended that the heart acts independently of the other vital processes in its propulsive functions. No one has ever supposed the heart to be capable of carrying on the circulation for any length of time, without the aid of the lungs. But it is an error to suppose, that because in a state of asphyxia the lungs are first to show signs of motion, they are really the *primum mobile*. The heart acts during fœtal life, while the lungs are quiescent—it inaugurates the movement, and blood must be sent from the heart to the lungs, before the necessary chemical changes can occur. We will take the other case, that of asphyxia. Here blood is present in the lung—it meets with oxygen—a motion occurs; it is slowly propelled to the

quiescent heart. Does this prove the motive power in the lungs, or in the blood itself? Molecular motion, the *effect of pressure* upon the capillary vessels of the lungs by the inflation of the air-cells, seems as likely as any other cause to induce this motion. The healthy performance of the circulatory function depends upon many conditions. Different densities, occasioning different pressures, seem to lie at the bottom of the matter. The movement of muscles furnishes this condition; atmospheric pressure within the lungs, against the antagonistic action of the thoracic walls, also supplies it. Again, this condition of different densities blocks Mrs. Willard's theory at the heart. Suppose that by caloric the first impulse is given in the parenchyma of the lung, the blood reaches the heart, and encounters these muscular motions which expel it in a direction contrary to that communicated by the lung. This "chief motive force" then extends no further than the pulmonary veins. Reverse the experiment; put a stop to heart motion, and then restore it. The lungs stop with the heart. By irritation of the heart, by galvanism (or as we have always seen it done, by simply pinching its substance), you restore its action and the blood is propelled from the heart to the lungs. Here you are on the other horn of the dilemma—the heart is, in this case as in foetal life, the *first* moving force; it requires no argument to prove it the *chief* power. One experiment is as good as the other, and both involve the same uncertainties.

After a careful perusal of Dr. Cartwright's subsequent articles and experiments, we are unable to find any new arguments in support of this theory. He claims that all resuscitations of drowned people, and still-born infants, are vindications and proofs of its truths. He might have added, that every foetal heart pulsating, *in utero*, is a contradiction of it.

He then quotes Lord Bacon, and Newton, to the effect that discoveries are to be judged by their results. With marvellous complacency he next assumes, that all ventilation, all dumb-bells, and gymnastic exercises; all those health-giving processes which act by giving vigor to the respiratory functions, are the legitimate derivatives of Mrs. Willard's theory—that they are its fruits.

So much for the scientific features of this hypothesis. The side issues to which we have alluded are also worthy of notice. In what we have said of "Moses and the prophets," no irreverence was intended, and no unbelief indicated. But we always (for the sake of that religion which has given us so many blessings) deprecate and protest against the logging in of scriptural texts, as arguments in favor of a scientific theory. Thus Dr. Cartwright asserts that Mrs. Willard's is "the physiological doctrine taught in the Pentateuch: 'The life of the flesh is in the blood.'"—Lev. xvii., 11.

We have elsewhere quoted an assertion of the great physiological requirements of Moses. This is simply absurd. Truth, if it is truth, should sustain itself. The Bible was intended as a rule of faith and practice, and not as a compendium of scientific truth. An editor of a western medical periodical declares himself ready to buckle on the armor, and fight the battle of the evidences in the pages of his journal. When we have settled some mooted points in pathology and therapeutics; and

when we have physiological knowledge enough to know positively whether science contradicts inspiration, we shall be ready to go into a theological discussion. Thus far, as seeming contradictions to Bible truth have arisen in scientific research, farther investigation has reconciled them. We trust this will always be the case. In the mean time we shall read our Bible for the benefit of our heart, rather than our head, and seek elsewhere for scientific truth.

ON THE TREATMENT OF RHEUMATISM WITH CITRIC ACID.

BY S. A. GOIER, M.D., OF CHESTER COUNTY, PENN.

FROM the recommendation of some of the European journals, of lemon juice in the treatment of rheumatism, I was induced to commence a trial of it about two years since, and on the whole the results have been satisfactory.

I have selected the two following cases as striking illustrations of the beneficial influence of the citric-acid treatment; at the same time I must say, that in many cases the results, though favorable, were not marked with such prompt relief.

CASE I.—T. N., aged 50, of robust constitution, was attacked with rheumatism on 20th of June, 1852. On the 22d I was called to see him, and found him with a hot skin, pulse frequent—120 beats to the minute—he was unable to move in bed, all the joints affected, the tongue presented a thick brown coat, though moist. I prescribed a brisk cathartic, to be followed by a full dose of pulv. Doveri at night; the joints to be rubbed and swathed with turpentine liniment. 23d.—I found him about the same; the cathartic had moved the bowels freely, the tongue less coated. I now put him on the use of the wine of colchicum, with cups to the back, cathartics and full doses of opium, counter-irritating and narcotic liniments and v. s. This plan of treatment was continued for a week without any decided relief. On the 30th, my patient having become much reduced, and the opium, &c., failing to afford him relief, I put him on the liberal use of cit. acid. I used the crystallized acid in place of lemon-juice, which I could not procure, making a solution of the former of the officinal strength of the lemon-juice; of this half an ounce was directed to be taken in a little sugar and water every four hours. Under this treatment, my patient rapidly recovered, the secretion of urine was greatly increased, the fever abated, and at the end of the fourth day from the commencement of the use of the acid, he was able to walk about with the aid of a cane. The effect of the acid upon the pulse was remarkable; from 120 it was reduced to 74 in the minute. This effect upon the action of the heart has been noticed by Dr. G. O. Rees in the 12th No. of Ranking's Abstract for 1850. In numerous other cases I have myself witnessed it.

CASE II.—Wm. S., aged 22. I was requested see this young man on the night of the 1st of December. I found him in great pain from an attack of rheumatism which had come on two days previous to my visit. He had but a few months recovered from an attack that had confined

him to the house for several weeks. He now had a hot skin, with some fever, the joints a little swollen and acutely painful, tongue much coated, urine scanty and high colored. Not having the acid with me, I temporised until morning. On the 2d, I found him about the same as the previous night; the bowels had been freely moved by a cathartic prescribed at that time. He had not been able to sleep.

I ordered the cit. acid solution as in the former case, with pulv. Doveri, grs. viij., to be taken at night.

Dec. 3d.—He had less fever, got a little sleep, joints still very painful, urine about as yesterday, no appetite. Continued treatment.

4th.—Passed a better night, pulse much less frequent, skin cooler, urine abundant and lighter colored, joints still painful.

5th.—Found my patient sitting up in his chamber eating breakfast, the pulse natural, tongue clean, urine abundant, joints much less painful.

6th.—To-day I found my patient in the parlor, protesting against any more medicine, though delighted with the prompt relief it had afforded him. The day following he left the neighborhood free from disease.

I have never seen any man suffer more from rheumatism than did this man on my first visit, and am sure I never have seen one as quickly relieved. In regard to the *modus operandi* of the cit. acid, it has been supposed to act by converting uric acid into urea and carbonic acid; the retained uric acid being looked upon as the cause of disease. How this may be I will not say, but that under the use of the acid the pulse is reduced and the flow of urine increased, is evident; and above all, whereas my patients suffered great pain previous to the use of the acid, after its use they were speedily relieved.—*Medical Reporter.*

SPONTANEOUS INFLAMMATION OF ALVEOLO-DENTAL MEMBRANE.

BY CHAPIN A. HARRIS, M.D., D.D.S.

ABOUT three years since, Miss T., a maiden lady, 35 years of age, of a scrofulous habit, applied to me to extract a lower molar, which had been the seat of severe pain for some six or eight weeks. Perceiving, on examination, that the crown of the tooth was sound, I recommended the application of a leech to the gum. This did not mitigate the pain in the slightest degree. As the crown of the tooth was free from caries, and the character of the pain did not indicate inflammation of the pulp, I suspected it arose from some constitutional cause, and advised her to consult her medical attendant before submitting to the operation of extraction. She followed my advice, but before the treatment which he instituted had produced any effect, the pain became so intense, she called upon me again, and this time, at her earnest solicitation, I removed the tooth. The roots, on examination, were found to be covered with thin blood, of a dark purple color, which had seemingly been effused through the coats of the small capillary arteries distributed upon the periosteum.

A few weeks after the removal of this tooth, I was requested to extract the corresponding molar on the other side in the same jaw, and under precisely similar circumstances. I again advised the application

of a leech, and such other constitutional treatment as the state of her general health might, in the opinion of her medical adviser, seem to indicate. But as she had already suffered severe pain from it for more than two weeks, I could not persuade her to have the operation delayed. The roots of this tooth presented the same appearance as those of the other.

Seven or eight weeks after the last operation, she visited me again. Two other teeth, an upper molar and a lower bicuspid, had become the seat of constant, gnawing pain. Both of these teeth were slightly affected with caries, but the structural alteration had penetrated but a short distance into the dentine, and could have had no agency in the production of the pain, which, as in the two former cases, was evidently the result of periodontitis, and that not caused by any other source of local irritation than the mere presence of the teeth, but dependent upon great preternatural irritability of the periosteum, arising from some peculiar cachectic habit of body, or state of the general health. Entertaining this view of the case, and not wishing to interfere with the general treatment which seemed evidently to be indicated, I advised her to have leeches applied to the gums of the affected teeth, and to place herself under the care of her physician, to whom, at her request, I addressed a note, expressing my opinion with regard to the cause of the pain from which she was suffering. As she resided in the country, some ten or fifteen miles from Baltimore, I had great difficulty in persuading her to return with the aching teeth in her mouth; but yielding to my solicitations, she finally consented to do so. She returned immediately, sent for her physician, and was at once put under medical treatment, which was perseveringly continued for about seven weeks. During this time, aperients, tonics (such as quinine and the various preparations of iron), counter-irritants and narcotics were prescribed; but the pain continued without any mitigation, and in the meantime extended to two of her other teeth. It had become so agonizing, that she was unable to obtain any sleep at night, except when under the influence of large doses of morphia, and despairing of relief, she again visited the city, firmly resolved to have the four aching teeth removed. Her suffering was now so great, that I no longer refused to perform the operation. The roots of these teeth presented the same appearance as those of the two first.

Miss T. left Baltimore, the day after the operation, comparatively free from pain; but the sockets remained sore, and at times, slightly painful for several weeks.

About three months after the removal of the last teeth, another began to ache, and in about three weeks, the pain having assumed such a degree of severity as to render its longer endurance almost insupportable, she came to the city and had the tooth extracted. The loss of this procured a few weeks freedom from pain; but in a short time another was seized, and was ultimately removed. In this way, tooth after tooth was attacked and extracted, until at the expiration of about eighteen or twenty months, all of the molars and bicuspid, except one, of both jaws, were removed.

Believing that the extreme irritability of the alveolo-dental periosteum, which seemed so great, that the mere presence of the teeth acted as

irritants, arose, principally, from a scrofulous diathesis of the general system, I suggested the use of iodide of potassium. This was tried, beginning with two drops a-day of Lugol's solution. The dose was gradually increased, until the whole system had become, as it were, completely saturated with it, but with no better effect than the remedies which had been previously prescribed. The inflammation soon extended to the sockets of the remaining teeth, attended by the most agonizing pain, and one after another was removed, until not a single tooth remained in either jaw.

The roots of all the teeth presented the same appearance; and what seemed very remarkable, the inflammation at no time extended to the gums; this structure exhibited no indication of increased vascular action, but retained, throughout the whole progress of the disease, a pale, bluish-rose-colored tinge; their margins were thin and regularly festooned. The pulps of the teeth were also free from inflammation, and the hard structures of the organs were, for the most part, free from caries. Some six or eight were slightly affected, and four had been filled, but in no instance had the disease extended to the pulpy cavity.

Up to the time of the development of this most singular affection, the patient had lost but six teeth; the remainder, twenty-six in number, were removed in a little more than two years.—*American Journal of Dental Science.*

THE LATE EPIDEMIC IN NEW ORLEANS.

In another page will be found our record of the mortality for the year ending on August 30th. The large increase of deaths over that of the previous year is startling, and chiefly confined to our class of zymotic diseases, among which, fevers, and, preëminently, yellow fever, exhibit the most marked gain. Another feature is obvious on comparing our table of the year just closed with its predecessor, in the wide difference exhibited by our endemic yellow fever—while we record in the latter 10 deaths from this fever for July, and 68 for August, we, for the same months of the present year, show an increase beyond, we had almost said, the power of figures to express—an increase, at least so astounding, as to fix the attention with a view to the elucidation of the causes of this enormous difference. Why is it that in 1852, on the same soil, among the same population, under the same climatic influences, the same disease, felt in its most benign forms, and scarcely attracting notice among the current events of the passing hour, became in 1853 a deadly pestilence, scattering death, dismay and suffering among our affrighted population? What is it that has so changed the character and increased the fatal influence of this terrible scourge? The true and satisfactory solution of this question involves to a greater degree than is generally believed, the future interests and well-doing of this community, while it offers a point of purely professional interest, which we trust to see fully investigated and determined. There must be some great and powerful influences in operation to produce results so unequal and contrasted.

What these are, and what their origin and mode of action, become to us, under the present circumstances, scarce yet recovered from the shock of such appalling mortality as we have lately witnessed, matters of general and momentous interest. They surpass in the importance of their claims on the intelligence and humanity of our citizens, on the spirit and devotion of our public authorities, and on the skill and knowledge of the medical profession, all other matter of public or general concernment. For it must be obvious, even to the most casual observation, that unless the salubriousness of our city keeps pace with the efforts making to widen its points of contact with our interior country, to multiply its resources of trade and to augment its wealth and industry, we shall be destined to reap the disastrous fruits of wasted labor and capital, and to see hopes wither, which in view of the felicitous changes the future was garnering up, reconciled us to the exactions of a heavy and burdensome taxation.

These sacrifices will all have been incurred in vain, if the future is to be rendered uncertain by the recurrence of such cruel visitations of disease, and life and health hazarded in so inhospitable a clime. So apparent is all this, that we cannot see how the capitalist who has risked his money in investments, or the merchant who has effected his plans for the demands and supply of trade, or the laborer who counts on making his labor and time valuable, or the professional man who finds the true theatre for his skill and learning in an active, busy and progressing community, can fail to discover in our late disastrous affliction a common and overshadowing evil adverse to the hopes and calculations of each, and appealing to a common sense of self-security for its abatement. Emphatically at such junctures in the history of social bodies do questions relating to their physical health and well-being rise to a magnitude beyond all others, claiming consideration at the hands of the wise and philanthropic. We hope, therefore, to see this matter so pressed upon the public attention, as ere long by the anxieties it will awaken, and the inquiries it will cause to be instituted, we shall be better prepared to encounter another summer solstice with assurances that will give quiet to apprehension, and such guarantees to the public health, as are within the province of a high moral probability and the deductions of a rational science. Until something like this is done, until the origin of the late pestilence is fully and fairly traced, and its line of march and mode of diffusion determined upon such evidence as would satisfy a candid and unbiased mind, all hasty and precipitate action should be deprecated. Opinions formed under the excitement of great public distress are apt to be partial and defective. When the causes of a destructive pestilence, and even its essential nature lie so deep and beyond the general experience of those best informed in matters of this nature, it would be the last act of folly on behalf of the authorities to institute measures of prevention or relief that may prove inadequate or unsuited to the end sought. And here occur the first and main points to be settled in our investigations of this subject; viz., what is yellow fever? and secondly, is it contagious? We are not going into a discussion at present of either of these issues. Neither our space or inclination, in the absence of all

the main facts touching the late pestilence, will warrant this. We are free to admit, however, that there is much to be said, and cogently and logically said, on points that have been heretofore regarded as the *res adjudicata*, the settled doctrines of the profession thereon. If at a blush, and confining our view only to the phenomena we have just witnessed of its origin (such as is commonly believed, but which needs the most thorough scrutiny, in our judgment, before it is accepted) and its modes of spread in our city and those places in daily and direct communication with it, we should venture the notion of its being something beside, something in addition to our ordinary form of endemic yellow fever, and that in diffusing itself slowly and surely along the common routes of travel and intercourse, it claims alliance to contagious disorders; we should hardly do violence to the truth of first impressions. Yet the question returns upon us, if this be so, wherein lies the difference between it and our endemic yellow fever, which, in the months of July, August, September, October and November last, numbered only 464 victims, which showed no power of self multiplication, nor agency in its spread that could suggest any property in common with contagious disorders. Both forms commenced alike, ran their course alike, and terminated alike—both presented the same symptomatology and the same morbid results, death with black vomit and yellowness of the skin—sensible changes in the condition of the body, which suppose a common pathology for both. Have we not encountered here, at the very threshold as it were, a difficulty which can only be overcome by patient investigation and by impartial sifting of all the evidence relating to the subject. If they be different diseases, in what consists this difference? Surely not in the fact of a difference in origin, or manner of diffusion, or both. This would be assuming as true the very point at issue—an error in logic, but too common with those who reason from a partial and limited number of facts. Is any one prepared to show the origin of the late pestilence, to give us the history of the first case, its communication with an admitted source of infection, and the spread from it, as from a centre, of its deadly energies throughout our community, our State, our entire Gulf Coast, from the shores of Florida to the bays and harbors of Texas? If after all this has been done, can the next step in the proof of its distinctive character, and its possession of a contagious property, be as satisfactorily determined, viz., to show an authentic example of its having been communicated by the transmission, mediately or immediately, of a virus derived from the diseased, by inoculation with the blood, or with the morbid secretions from the fluids?

Yet all this is essentially required by the defined and accurate professional judgments of the day, in order to meet the condition of diseases in themselves contagious and as contra-distinguished from epidemic disorders. Again, in becoming so wide-spread, so literally and truly epidemic as we observe of the late pestilence, are there not involved in the very terms themselves conditions external to the disease, conditions of atmosphere favorable to its diffusion, and without which the disease would assuredly cease? How else and with what seeming propriety can we limit its duration to periods of time marked by high temperature, or re-

cognize the power of cold or violent atmospheric commotions to arrest it? If the virus exists and it be thus subject to atmospheric states for its very powers of increase and spread, are we not met by difficulties greater and more obscure than that which concerns the proof of its contagion? Obstacles of this nature meet us at every step, and suggest the wisdom of duly weighing every tittle of evidence that may be brought to bear on its investigation. We have thrown out these detached observations in the hope of eliciting a full and ample statement of all that may be positively known by any of our citizens bearing on this matter. It should be calmly and philosophically studied as a great question of social economy, affecting the arrangements and relations of society in their most extended sense. It concerns directly the present happiness and moral being of every individual of us, and remotely and in the future, the destinies and welfare of our children's children. As a purely professional question we have no cheering or abiding hopes that it will be discussed in a spirit so as to insure harmony and uniformity of opinion among the votaries of the profession. The nature of medical evidence is such as to forbid this. But whatever be the differences of opinion, it is but proper we should have all the facts pertaining to this issue. To do this fully and satisfactorily, our public authorities should institute a commission of competent persons, to collect all the incidents of its recent outbreak. It should be authorized to summon witnesses and to compel attendance, just as in matters of preliminary investigation, before a committing magistrate. It is essential that the whole truth be known, if it be desirable to base on the results of the investigation, measures at once novel and contradictory to our past usages and experience. Wise and proper as this caution may be, however, it must be borne in mind that duties of a character altogether different devolve upon us. If it should be determined upon ample and accurate evidence that the peculiar virus of yellow fever is something transportable with the body of the sick, or with his clothes, or through the medium of merchandize, or in any tangible shape whatsoever, it must not be forgotten that the virus must find accessories in the localities of communities, in their meteorological states, and in the susceptibility of their population, in order to multiply and diffuse itself. Carried to latitudes beyond its prescribed and accustomed geographical limits, and it dies out or becomes inert and inoperative. This is but too apparent to all who are conversant with the history of the pestilence—in fact it is but one example of what seems to be a law of nature in regard to epidemic disorders. We should no more expect to see yellow fever prevail in high and northern latitudes, than to see typhus rage in intertropical lines; the cold of the one like the heat of the other region, at once and effectually extinguishing them. Our inquiries may then be said to have only begun when we shall have ascertained that we owe to a foreign source the origin of our pestilence. We must turn our eyes inward, and learn if a sanitary police cannot be made useful in the removal of offals and the general filth common to large cities—in the institution of ordinances, regulating the manner of draining and filling vacant lots, of paving streets, providing ample and pure supplies of water—of cleansing

privies, of building shantees, the destined abode of our poor and needy population, and of closing the wretched rookeries, whose every hole and corner is crowded with human beings, to a degree and manner shocking to every sense of decency and propriety, and alarming from the gross infraction of the most essential rules of health. No one can deny that duties of this kind are within the province of our governing authorities. We have a fruitful element of disease annually accumulating in our midst, in the growth and increase of our foreign population. They bring with them not only bodies susceptible by their foreign birth to our endemic disorders, but habits and customs as unlike and unsuited to our climate and usages. They come from wretched and crowded hovels, where want and filth produce pestilence, to our cities and towns, where they cluster in numbers as thick and live amid filth as gross as that they have escaped from. They come to find employment and ready remuneration for their labor, and they live like persons just released from the pains of famine. They eat and drink to excess. They violate by day and night every maxim of prudence, every safeguard of health. Surely this is most serious matter for consideration, for amendment, for reform. The fault may not be theirs—poverty and oppression at home may have caused much of this huge evil. They know no better. All the traditions of home and family record no variety to their woes. It was want, and privation, and suffering and filth before their day. It is the heritage they derive from their parents and friends—it is the sole accompaniment, the invariable attendants upon them in their pilgrimage to our shores. We must therefore look to their domestic relations, we must subject their social irregularities to control and discipline, if we wish to do them good service and to exempt ourselves from the destroying ravages of a cruel pestilence. They must be taught to value not only the blessings of political freedom which they gain by coming to our shores, but to learn how to value the higher blessings and comforts of a good, well-ordered and salubrious home. One means to insure this will be to discourage by stringent laws the habit of sub-leases to tenants, which leads to overcrowding, and to all the consequent ills which attend on this. This is become too common an abuse of property among that class. A landlord rents his house and lot to one person, who sub-leases to a dozen or more families, the more the better for the original lessee—no matter what abuses result therefrom, and how the general and other interests are made to suffer. And generally, too, it is the old and decaying property, whose rafters are undermined by time and grown green with mould, that thus falls into the occupancy of this class. As long as it continues decent, or comfortable, or safe, they are excluded, by high rents and a better class, from its use. But let it wear by time and neglect till it totters, let it grow dank and unwholesome, let it become but little less than the sheds which house our cattle, and then it becomes the fit habitation for that portion of our population who are content with all these discomforts, and who seek shelter there as naturally as bats do crannies and dark holes. But enough have we said on this topic. It makes the heart sick to witness the great suffering among this unhappy class. The neglect of society, the indifference of our laws, the aversion of our people

to them, conspire with their disorganized condition and mischievous habits to keep perpetual the elements requisite to give malignancy to disease and facility to its spread. But there are other mischievous and hurtful usages which we tolerate, apart from our foreign population. We have space to allude to but one, and that a huge and monstrous one. This is the manner in which our city authorities sanction the filling up of the land reclaiming by the changes of our river bed. A vile compost, one more abounding in disgusting, offensive nuisances, cannot be found anywhere. Standing on an evening after sunset, on any portion of our levee, one might realize something of the disgust of Coleridge at Cologne:—

"He might count two-and-seventy stenchs,
All well-defined and genuine stinks,"

so thick and reeking are the odors escaping from those foul spots. They are the burial places of all dead animals, from a mouse to a horse, the common receptacle of the offals from every cook-shop and kitchen, of the refuse vegetables, bones and garbage of our market houses, and the sweepings of our streets. If the art of man could contrive anything worse than this, we should like to see it. Yet we breathe this foul air, worse than the abattoirs of Paris, and wonder that we sicken and die. Rouse up we must and set our household in order, if the future is to be spanned with brighter hopes and stronger assurances. We will have to look more intently at home, more closely into our domestic habits, more narrowly into our social vices, more determinedly on the negligence of our laws, if we are to be anything besides the immense lazaret-house the late pestilence has made us.—*New Orleans Medical Register*.

CEPHALIC SPONTANEOUS EVOLUTION.

[Communicated for the Boston Medical and Surgical Journal.]

"M. Velpeau admits a spontaneous cephalic evolution, as well as a spontaneous pelvic evolution. We cannot imagine spontaneous cephalic evolution, except in cases of abortion or in cases where the fetus is completely putrified."—*Cazeaux's Midwifery*, p. 149.

THE occurrence of the above passage in a work of so high an authority as Cazeaux's, induces me to mention the following case:—

Oct. 20th, 1853.—I was called at 6½ o'clock, A.M., to Mrs. N., a medium-sized, well-formed woman, of good general health, æt. 35, in labor with her third child. The os uteri was fully dilated, and the waters, by report, discharged since 2 o'clock, A.M. The pains were frequent and strong; the presenting part just engaged at the superior strait. I soon discovered that this was the left shoulder, and that the child's back was in front. Whilst confirming the diagnosis, the arm came down into the vagina and protruded externally, nearly up to the elbow. The long discharge of the liquor amnii prevented the success of an attempt to perform version. Whilst waiting the arrival of assistance, the pains continued unabated in vigor, the arm was forced further outside the vulva, and a large portion of the shoulder, considerably tumefied and discolored,

became visible beyond the vulva. Up to this time, the head, as at first, was with difficulty felt above the brim on passing the finger up beside the neck, which latter, to my surprise, I now saw gradually coming down and distending the perineum to a considerable extent. I immediately supported this, and at once felt the head descending into the cavity of the pelvis, so that very shortly I was able to feel the ear. The shoulder in a few moments slightly retracted under the arch of the pubis, the whole arm still continuing external, and after one or two uterine contractions, the head was delivered, rapidly followed by the body, extremities and placenta.

The child was at full time and average size, weighing $7\frac{1}{2}$ pounds, at least, and evidently alive up to the time just antecedent to its birth. The whole length of time spent with the patient was not above one hour and a half. The patient's convalescence was slow, but good. She had given birth to two children previously. The first was born before the physician reached the house; the second, within five minutes after his arrival at the bedside—evidence, to a certain extent, of a large-sized pelvis.

This is evidently not a case in which procidence of the head and arm complicated itself with the cephalic extremity of the child; nor is it one in which, by force of the uterine contractions, the shoulder at first presenting subsequently retires from the superior strait to give place to the head, in what is called *spontaneous version*, for the arm and shoulder continued in the excavation of the pelvis, protruded beyond the vulva, were never withdrawn, and in spite of them, the child was delivered by the head; constituting plainly what Velpeau (Meigs's Translation, p. 422, pp. 959—964) means by spontaneous cephalic evolution, and which Cazeaux says he "cannot imagine."

The question may be asked, whether the long discharge of the waters can be considered the cause of the mode in which this case terminated. The protrusion of the arm to the extent which it did immediately after my first examination, was a proof that the shoulder was firmly engaged at the brim of the pelvis, and consequently that the liquor amnii had been long and completely evacuated from the uterine cavity. From this protracted contact of its walls upon the inequalities of surface presented by the child, arose irregular and spasmodic contractions of the body and neck of the uterus (irregular and spasmodic in character, though regular enough in point of time), which, although they might have entirely prevented the birth of the child, might with equal possibility, assisted by a large-sized pelvis, have been the cause of the evolution which took place.

R. M. HODGES.

43 Summer Street.

COBALT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, Dr. Galentine, inquires, through your Journal—"Is cobalt a poison?" and asks the symptoms and treatment. In answer I beg leave to state:—

The substance commonly sold in the shops under the name of "cobalt," is not cobalt, but an impure oxide of arsenic. How so enormous and dangerous a fraud should have crept into common use, it is difficult to say. The two metals have very little in common, except that they are often extracted from the same ores. Some years ago, while a capital trial was pending for poisoning with arsenic, the public attention was called by Dr. Bigelow, of this city, to the common sale of this article, under its false name, to multitudes of persons who employ it without suspicion for the destruction of flies and other vermin in their houses. There is little doubt that many of the cases to which physicians are called, of sudden vomiting and purging, often attended with more serious symptoms, are due to the careless or unsuspicious use, about house, of *arsenic*, introduced under the name of *cobalt* or fly poison.

October 27, 1853.

MEDICUS.

GALVANIC SUPPORTERS.

A PHYSICIAN in New Hampshire writes to the editor in regard to these new instruments, as follows:—

SIR,—I wish to add my mite in calling the attention of the profession to Seymour's Galvanic Supporters, which I have been using some months past for the cure of prolapsus uteri, leucorrhœa, amenorrhœa, hysteria, &c. When this instrument was presented to me for the first time, I was disposed to class it with the many abdominal and spino-abdominal supporters which have been in use for a series of years past, and felt but little or no inclination to make trial of any new instrument of the kind, such had been my disappointment in almost every instance when I had applied the old ones. But on a mature examination, it occurred to me that galvanism applied in union with mechanical support might be worth trying, and accordingly I purchased one half dozen to give them a fair trial, as I had at that time under treatment several patients afflicted with different forms of uterine derangement.

In no one instance, as yet, have I been disappointed in the effects produced by the application. One single case I will briefly mention here. I was called, some six weeks since, to visit a married lady who had had leucorrhœa, as she said, for the last two years, with scarce a day's cessation. I found her nervous system very much deranged, with debility consequent upon the continual drain, loss of appetite, and considerable emaciation, and of course unable to perform much of any kind of labor. Without presenting any internal medicine (except a simple tonic), I resolved to apply the supporter, which I immediately did. I adjusted it as nicely as possible, and directed her to wear it day and night for one week, when I would call and see her again. On my second visit I found her much relieved, and the surface of the skin under the front pad (if I may so term it) thickly studded with pustulous eruptions, and discharging considerable quantities of semi-transparent pus. I advised her to discontinue it a day or two, and then apply it again, which she did by placing a very thin muslin between the skin and zinc. The pustules

healed in a short time, and she continued to wear the supporter for three weeks constantly, at the end of which time she was cured of the leucorrhœa, her strength improved, she ate well, and in fine called herself *well*. She now does much hard household labor, and, so far as my knowledge goes, has not had a recurrence of any of her former trouble.

We cannot expect such happy results in every case; but that Seymour's instrument is a valuable application in a majority of like cases, I have no doubt, and would invite physicians generally to make trial of it when occasion requires, and hope to hear the result through your valuable Journal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 2, 1853.

Introductory Medical Lectures.—According to the New York papers, some excellent discourses have been given at the commencement of the medical lecture season in that city. A little more originality than usual, seems to have characterized them there, as in other directions, the present year. Students, to say nothing of the cultivated public, have become tired of mere histories of medicine for one of these elementary beginnings of a course in the colleges. There is another old custom at these times, too aged and too much of a fossil to be re-animated, viz.—the bringing forward of new systems of the classification of diseases. This is much less frequent than formerly. It is an improved feature, in these days of progression, that students are regaled with something comprehensible, on the occasion of opening the doors of a school for a specific term of instruction. Lecturers are beginning to understand that their hearers do not expect to be treated with husks, but that mental nutriment is the object of their pursuit. Dr. Draper's lecture, to which we referred last week, belongs to the modern class. The unpleasant truth is learned from it, however, that the State of New York, with all its commercial prosperity, and renowned enterprise, has not, in one department of science, advanced an inch beyond the dark ages. Her legislators still hold to the opinion that a physician or surgeon who does not understand most thoroughly his profession, should not be sustained in society, but at the same time perpetuates a disgraceful law, that if they attempt to inform themselves by dissection in regard to the complicated organization of man, they are guilty of a high crime against the peace and dignity of the State. Without pretending to maintain that Dr. Draper's introductory is a model performance in all respects, yet we think no one can deny that both his and Dr. Carnochan's, of the New York Medical College, are excellent.

Surgical Instrument Rivalry.—One source of perplexity and trial in performing our editorial duties, is connected with the invention and improvement of surgical instruments. Whenever the demand is great for some particular mechanical appliance, such is the active ingenuity of our countrymen that the market is at once supplied, and those who have aided in supplying it insist upon an exclusive right, or, what amounts to the same thing,

wish every attempt on the part of others to be unnoticed. Very frequently two inventors hit upon similar mechanical contrivances, both of which possess advantages, but it is quite difficult to convince one or the other that there is anything excellent in the manufacture of his competitor; and it is a problem which should have the preference. Under such circumstances, we are liable to incur the ill will of the contending parties, while we are endeavoring to be impartial. A declaration that one is decidedly good, and the other absolutely good for nothing, are the only terms on which a treaty of amity, with some unreasonable inventors, can be established. Not wishing to particularize instances of this character, it is sufficient to say that in these matters we have no partialities; and under all circumstances we are willing to make efforts to promote the prosperity of all with whom an acquaintance of this kind may have been established. Trusses, abdominal supporters, spinal apparatus, clubfoot shoes, surgical splints, tourniquets, needles and knives for specific operations, together with ear trumpets and dental improvements, are the bones of contention among this order of rival inventors. Surgeons are under great obligations to these men. The many beautiful and convenient appliances now in use for assisting nature in her watchful care to restore defective, distorted or injured parts, to a normal standard, are often the results of great ingenuity and study, which should call forth an expression of gratitude both from the surgeon and the community in general.

Suspended Animation.—According to a Providence, R. I. paper, the following extraordinary case is now very much occupying the thoughts of the people of Coventry, where the phenomenon occurred, or rather now exists. The account proceeds thus—

"About three weeks ago, the wife of Mr. Henry Colvin, of Coventry, rose in the morning, complaining of a pain in her side. She soon after fell asleep, and died, as supposed. When her friends came to attend the funeral, they were struck by the remarkably life-like appearance of the corpse, and the funeral was deferred. Since then, she has laid in the same condition, and many have visited Mr. Colvin's house, none of whom can discover any signs of decay. There had been no alteration on Friday, 21st, a period of about three weeks."

It is rather strange that in New England a person should have remained so long, and no one been found who was able to determine whether the body was a living or a dead one. A deputation of physiologists had better be invited from Providence, at the expense of Coventry, to settle the question before the frost sets in. A lancet, a thermometer, or half a dozen other simple agents, might have been employed the first day, instead of allowing so much precious time to have been lost. If it were catalepsy, or some other anomalous condition of the nervous system, and consciousness or the powers of volition simply suspended—the woman must have died before this of inanition. Perhaps some medical gentleman in that neighborhood will have the kindness to communicate the finale.

Increase of Medical Journals.—Either the demand must be active, or some of the many Medical Journals which are published all over the United States are not needed, and cannot much longer exist. With regard to profit, those concerned in these periodicals very soon discover almost any kind of property is superior to them. A similar disposition to multiply

them has been evinced in Great Britain. As a whole, however, these Journals are far better sustained there, than among ourselves. The Glasgow Medical Journal, a quarterly, has reached its third number. It is admirably printed, and its matter inferior to none in point of professional importance.

The dental Journals, too, are evidently on the increase. No. 1, of "The Family Dental Journal," conducted by Dr. Estes, Albany, N. Y., is just issued, and is one among many of the same class which dentists are called upon to sustain. All this enterprise, whether profitable or not, must be set down to the energy of "Young America." Waiting till the times are favorable is thought ridiculous; driving is the order of the day.

Public Health.—Throughout New England, we believe the health of the people remains unusually good. For many years the medical practitioners of the city and country have not had less business than thus far during the present autumn. Although two-thirds of October was nearly as warm as mid-summer, and fruits were abundant, no epidemical tendency has been recognized, and the little sickness existing has been principally among young children, from teething and occasional dysenteric affections. We have abundant cause for expressions of gratitude for the blessings of general health, a full garner, and an excellent though fitful climate. Those who have firm muscles, a sound constitution, and a disposition to be both temperate and industrious, are fitted to enjoy them.

Transactions of the Medical Society of Pennsylvania.—The printed transactions of learned associations are among the most valuable contributions to science. In after times such a publication as the one before us, containing an authentic, scientific account of the topographical condition of certain parts of the great State of Pennsylvania, must be of great importance to an understanding of the country during its comparatively early settlement. Dr. Corson's address is the leading article in the volume. Being President of the Society, it has a claim to pre-eminence of position. He has brought together various individual views of gentlemen at the South, upon certain diseases that have considerably occupied the thoughts of practitioners, and, throughout, the article is characterized by good sense. Next follow reports of a sanitary committee of Berks County; diseases of Chester County in 1852; also of Schuylkill, Delaware, Lancaster, Blair, Mifflin, and Huntingdon Counties. It is our intention to return to a further consideration of these transactions.

Professional Success.—There is a singular difference in medical men in respect to their ability to inspire confidence, which is the first step in obtaining business. Some, with an immensity of learning, have a cold exterior and a forbidding aspect that prevents them from having any hold upon the public regards. They cannot succeed, on account of the ungraciousness of their manners. Others, without any solid acquirements, attain a success that astonishes their superiors, who cannot forbear wondering that such superficial attainments should have a currency among the intelligent. The secret of all this, is, a kind way of saying and doing things. How true it is, that a spoonful of honey will catch more flies than a barrel of vinegar. We have known many excellent, worthy physicians, of unquestioned talents,

who dragged through life in poverty and disappointment, without ever convincing the community of their claims. They frightened off those who might have patronized them in the beginning, by refusing to participate in neighborhood courtesies and civilities which are so necessary in becoming one of the people.

A ready tact in detecting quickly the symptoms of a case gives eclat to a physician. Patients are not partial to a tedious examination by percussion, a stethoscope, and a pair of ears all over their bodies at every visit. Many a good and conscientious practitioner has lost some of his best business, by over acting in this matter.

A finished medical education is lost upon many practitioners, who abandon the medical ranks in disgust, out of patience with the world, when the real cause of their poor progress is in themselves. A happy disposition and a corresponding external deportment is a better inheritance than an estate. A sycophantic smile, or an obsequious deference to mental inferiors, just because they represent a monied influence that may be turned to profitable account, is despicable in all, but especially in a physician. A medical hypocrite soon finds his true level. A fair, open, cordial deportment should characterize a practitioner of medicine. He must be a man among men—entering into their interests, and sympathizing both in their prosperity and adversity.

Catalepsy—Death of the Sleeping Man.—The remarkable case of catalepsy, or long-continued sleep, which has been referred to several times in the Journal, has been terminated by the death of the patient, as we learn from the following notice in the public papers :—

"Cornelius Vrooman died at his brother's residence, in Clarkson, on Monday, the 17th inst. While on exhibition in New York he was taken sick, which seemed to induce a wakeful state for a short period, and then a stupid condition, with intervals of wakefulness, until he was brought home on the 14th. He talked but very little, inquiring after his mother, who had been dead two years, his father and brothers, whom he seemed partially to recognize. He complained of great internal heat and soreness of his throat and stomach. On the morning of the day of his death he called for food, and ate a hearty meal, and from that time seemed to be in pain until about 2 o'clock, P.M., when he died without a struggle. His age was some 31 years."

Morbid Anatomy in the Boston Medical School.—We learn that Dr. Geo. C. Shattuck, of this city, has recently given fourteen thousand dollars to Harvard College, for the purpose of placing on a more permanent foundation, the professorship of Morbid Anatomy in that institution. In consequence of this munificent donation, it is stated in the Advertiser that the President and Fellows of the College, at their last meeting, voted unanimously that the professorship should be called the "Shattuck Professorship of Morbid Anatomy."

New Massachusetts Lunatic Asylum.—Dr. G. C. S. Choate, of Salem, has been appointed Superintendent of the new State Asylum for the Insane at Taunton. Dr. Choate was formerly connected with the hospital department, at Deer Island, Boston Harbor, and is now in successful practice in

Salem. He has before him a career of great responsibility, usefulness and importance, and we have no reason to doubt that he will justify the confidence reposed in him by the Board of Trustees.

Medical Miscellany.—Yellow fever still lingers at Mobile.—A vessel arrived in Boston, week before last, on board of which quite a number of deaths had occurred from cholera, but no alarm was excited in the city by the circumstance.—John Norton, a resident of Arkansas, is the father of twenty-nine children, by three wives, viz., nine sons and twenty daughters! Amurath III., a Sultan of Turkey, who died in 1595, at the age of 50, left 200 of his own children in the seraglio at his death!—Capt. Erastus Perkins, of Norwich, died at that place Tuesday morning. His age was one hundred and one years, eight months.—Disease is self-limited. Its tendency, in nineteen out of twenty cases, is toward recovery. A judicious physician will rarely say that he has *cured* a patient. The patient regained his health truly, but that medical observer who has gained a true insight into the laws of disease, knows that in all probability he would have recovered unaided.—The report of the existence of a malignant fever at Fell's Point, Baltimore, was a fabrication.—James Dewey, of Rochester, died lately in California, of the sting of a scorpion.—A Mr. Lutterbach, who has acquired a sort of notoriety as the author of a work on Walking, in which the subject of gait is treated in several lights altogether new, announces a book on Breathing. Besides engaging to strengthen the constitution and invigorate the system by the advice given in this work, he says that the tooth-ache may be instantly stopped by a trick of inhalation! He is also preparing a treatise on the "Art of utterly changing and remodelling the features by the exercise of a power inherent in the muscles."—The Boston Post says that two physicians in Maine have been arrested for storebreaking.—An opinion is becoming extensively prevalent in France, that the potato is productive of great injury to health as food.—Dr. Richards, of Florida, has published a long communication which goes to show that the State possesses the soil and climate to make it a great wine-growing country. Cotton is now the great staple crop of the wealthy planters, but the culture of the grape is recommended as a profitable employment for the great mass of the people, who are poor.—In Newry (Ireland), and its surrounding localities, fever of a severe type is raging.—At Exeter (England), a child was recently born, with thirteen perfect fingers on one hand.

MARRIED.—In Boston, Dr. Robert Croker to Miss E. Higgins.—Dr. Wm. S. Halsey, of Newburg, N. Y., to Miss H. Taggart.—In New York, H. B. Barry, M.D., to Miss C. Billings.—Dr. Edward Newhall, of Lynn, Mass., to Miss E. F. Beaumont.

DIED.—At Richmond, Virg., Dr. Wm. R. Warring, shot dead in the street by a lunatic.—Dr. Ross, of Tatesville, Tenn., shot dead by a boy who was offended with him.—At New Orleans, Dr. James C. Moffitt, late of the U. S. Army.

Deaths in Boston for the week ending Saturday noon, Oct. 29th, 72. Males, 34—females, 38. Accidents, 3—inflammation of the bowels, 2—consumption, 13—convulsions, 2—cholera infantum, 1—croup, 4—dysentery, 5—dropsy, 2—dropsy in the head, 3—drowned, 1—infantile diseases, 5—puerperal, 2—typhus fever, 3—typhoid fever, 3—hemorrhage, 1—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 1—pleurisy, 2—palsy, 2—purpura, 1—inflammation of the stomach, 1—teething, 5—thrush, 1—unknown, 2.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 15—above 60 years, 5. Born in the United States, 49—Ireland, 16—British Provinces, 1—England, 2—Sweden, 2—East Indies, 1—West Indies, 1. The above includes 10 deaths at the City Institutions.

The late Dr. Charles Caldwell.—Shortly after Dr. C.'s decease, a meeting of the physicians of Louisville was held at the office of Dr. Knight. At that meeting it was resolved to appoint an orator to deliver a eulogy on the life and character of the distinguished Professor. That appointment was conferred on Dr. Colescroft, than whom no man is more capable of doing justice to his subject.

Besides this, Dr. Caldwell left behind him ready for the press, an autobiography, which will appear at no distant date, and which beyond a doubt will be full and minute.—*Kentucky Med. Recorder.*

Iowa Medical School.—An Invitation.—Strenuous efforts are being made, by the Faculty and friends of the Medical College, in Keokuk, to build up a Museum of Anatomical and Pathological specimens, connected with the Institution. We wish to form a valuable collection of specimens, which may not only be most useful, in practical illustrations to the course of Lectures before medical students, but may also be an object of profit and interest to the physician and naturalist, who may visit our city. The hundreds of physicians, who spend a few days in this city, in the course of every year, would be most agreeably and usefully entertained, by an annual visit to a well stored Museum. Already a noble beginning has been made—numerous valuable contributions have been received, both from resident physicians and those at a distance. We received a few days since, from the extreme part of the State, a valuable and very acceptable collection of preparations. We would hereby invite and urge our friends, and the friends of the Institution, wherever they may be, to favor the College, and aid the common cause of medical education, by forwarding to us any such specimens of anatomical or pathological interest, as they may find it agreeable to furnish. All such specimens shall be most carefully preserved, with the name of the donor. We thus earnestly hope, by our own efforts, and the assistance of numerous friends, to lay the foundation of a collection which, increasing year by year, will eventually form a cabinet that shall be an honor to the Institution and the State.—*Iowa Med. Journal.*

Case of Onanism in a Horse.—M. Blanc, a veterinary surgeon at Marseilles, relates the history of a horse, who procured frequent voluntary seminal ejaculations, by rubbing the penis in a violent state of erection, upon the inferior wall of the abdomen; this was accomplished by flexing the body, and performing movements identical with those of coition. In order to remedy this essential vice, which considerably enervated his horse, the owner consented to M. Blanc's proposition to perform castration. The operation had the result which was anticipated. The animal recovered his strength, and did good service.

M. Blanc speaks, in his account of this rare fact, of a *relaxation* of the cord of the left side, caused by a violent struggle of the animal at the moment when the operator was separating the testicle, a relaxation which was followed by the development of a fungous excrescence. This relaxation was probably only the result of the laceration of the species of posterior mediastinum formed in the sheath by the juxtaposition of the serous layers between which the parts containing the cord, are enveloped. The animal recovered well, notwithstanding this complication.—*Virginia Medical and Surgical Journal.*